

# Avondale

Aspiring. Achieving. Accelerating.

## 2016-2017 Employee Benefit Guide



- Medical/Rx
- Dental
- Vision
- Life / AD&D
- Flexible Spending Account
- Health Savings Account
- EAP



# Choosing your 2016-17 Benefits

The City of Avondale understands the importance of employee benefits and offers a comprehensive benefit package to help protect employees and their families. We encourage you to carefully review this document and educate yourself about your options to choose the best coverage for you and your family.

The City of Avondale is pleased to provide the following effective July 01, 2016:

- Health Care Plans – The City will be providing three Medical/Rx programs, Dental, and Vision benefits through the Arizona Metropolitan Trust (AzMT).
- Life Insurance Benefits – Group Life and AD&D, Voluntary Life and Voluntary AD&D benefits through Securian.
- Employee Assistance Program – Offering employees and household members valuable, confidential counseling and work-life services through Alliance Work Partners.
- Wellness Program – Providing members the opportunity to improve their quality of life and health status by offering on-site screenings and other wellness-related programs through the AzMT L.I.V.E. Wellness Program.
- Flexible Spending Account – For healthcare and/or dependent day care, dental and vision (for those employees enrolled in the EPO or PPO plan).
- Health Savings Account - To help pay for deductibles and other qualified expenses when enrolled in the HDHP.
- Optional Benefits – Including a 457 Deferred Compensation Retirement Plan through ICMA-RC and Nationwide which includes Roth IRA's.
- Statutory Benefits – Employees will automatically be enrolled in the applicable State Retirement System: Arizona State Retirement, Public Safety Personnel Retirement System, and Correctional Officers Retirement System if eligible, Social Security-Medicare, as applicable and Workers' Compensation if applicable.

The purpose of this guide is to highlight your benefits, NOT replace your summary plan documents. The information has been compiled into a summary to outline the benefits offered by the City of Avondale. Complete details about the benefit options are included in the Summary Plan Document and other plan documents. If there are discrepancies between this and the plan documents, the plan documents will govern. This benefit guide does not constitute a contract.

If this benefit guide does not address your specific benefit question, please refer to the contact information page of this guide. This page will provide you with information you need to contact specific vendors for additional assistance.

## 2016-17 Benefit Changes

Effective July 01, 2016, the following benefit changes were approved by the Arizona Metropolitan Trust (AzMT):

### Medical/Rx

#### HDHP

- Implement Medicare-Like Rates for Out-of-Network Facility Claims

#### PPO

- Implement Medicare-Like Rates for Out-of-Network Facility Claims
- Increase Specialty Rx Co-Pay from \$100 to 20% Up to \$200 Max

#### EPO

- Increase Specialty Rx Co-Pay from \$100 to 20% Up to \$200 Max

### Dental

- Add coverage for composite fillings;
- Add Adult Orthodontia; and
- Increase Lifetime Orthodontia Maximum from \$1,000 to \$2,000.

### Vision

- Terminate Vision Reimbursement Program through AmeriBen; and
- Add Vision Coverage through VSP.

### Life Insurance

- Change Life carriers from Standard Insurance Company to Securian

**PLEASE NOTE: EVERY EMPLOYEE WILL RECEIVE NEW MEDICAL/RX ID CARDS PRIOR TO JULY 01, 2016 FROM AMERIBEN. IF YOU DO NOT RECEIVE A NEW ID CARD, PLEASE NOTIFY HUMAN RESOURCES.**

## OPEN ENROLLMENT – Begins May 2 and Ends May 12, 2016

Open enrollment is the one time a year that you can make changes to your benefit options, terminate coverage, drop or add a dependent without a life qualifying event. If you are making changes to your benefit elections, your paper enrollment form must be completed and turned in to Human Resources by May 12, 2016; you will not have access to open enrollment after that date.

***If you experience a qualifying event, you have 31 days from the date of the event to make a change and the benefit change will need to be consistent with the qualifying event. Please contact Human Resources for the required forms.***

## 2016-2017 Premium Rates

	Medical Benefit Costs – Monthly Premium for Benefit Eligible Employees				
	Total Premium	City Contribution	*City HSA Contribution	Employee Contribution	** Per Paycheck
<b>Medical</b>	<b>HDHP Plan</b>				
EE - Single	\$390.23	\$366.03	\$25.00	\$24.20	\$11.17
EE + Family	\$915.55	\$823.99	\$50.00	\$91.56	\$42.26
	<b>PPO Base Plan</b>				
EE – Single	\$421.79	\$374.88	N/A	\$46.91	\$21.65
EE + Family	\$1,007.16	\$705.02	N/A	\$302.14	\$139.45
	<b>EPO Buy-Up Plan</b>				
EE – Single	\$441.18	\$383.09	N/A	\$58.09	\$26.81
EE + Family	\$1,058.75	\$635.28	N/A	\$423.48	\$195.45

<b>Dental</b>	Delta Dental Network – Annual Maximum Benefit of \$2,000			
	Total Premium	City Contribution	Employee Contribution	* Per Paycheck
EE – Single	\$34.31	\$27.44	\$6.87	\$3.17
EE + Spouse	\$66.01	\$46.21	\$19.80	\$9.14
EE + Child(ren)	\$75.21	\$52.66	\$22.56	\$10.41
EE + Family	\$110.91	\$77.63	\$33.28	\$15.36

<b>Vision</b>	<b>Vision - VSP</b>
	Per Paycheck Employee Contribution
EE – Single	\$2.06
EE + Spouse	\$4.02
EE + Child(ren)	\$3.66
EE + Family	\$5.64

\* Per pay check

\*\* Based on 26 payroll deduction

Please note that all benefits are deducted from your paycheck over 26 pay period basis.

## Terms You Should Understand While Reviewing this Guide

**Accidental Death & Dismemberment (AD&D)** – A type of life insurance policy that provides benefits to beneficiaries in the event of a loss due to accidental death or dismemberment.

**Coinsurance** – The division of the allowed amount to be paid by the benefit plan and the patient. For example 80/20 means the plan will pay 80% of the allowed amount and the patient is responsible for 20% (after the deductible has been satisfied).

**Copayment** – Fixed fees as shown in the medical benefit summary which generally are paid to the provider at the time services are provided.

**Days** – Calendar days; not 24 hour periods unless otherwise noted.

**Deductible** – Depending upon the plan in which you enroll, you may have to pay 100% of certain covered medical expenses each plan year, up to a dollar limit. This limit is called a deductible. All plans have individual and family deductibles.

**Dependent** – An individual in the employee's family who is enrolled as a covered participant under the Plan. You must meet the dependent eligibility requirements to be eligible.

**Employee Assistance Program (EAP)** – Designed to provide professional guidance to all employees and their dependents concerning issues such as work/life balance.

**Exclusive Provider Organization (EPO)** – A network of medical providers or groups of medical care providers, who have entered into written agreements with an insurer to provide health insurance to participants. The EPO and PPO both share the same network. The EPO has no out-of-network benefits.

**Flexible Spending Accounts (FSA)** – Enables participants to pay for certain healthcare and/or dependent care expenses on a pre-tax basis.

**Health Savings Account (HSA)** – A tax-advantaged medical savings account available to taxpayers who are enrolled in a High Deductible Health Plan (HDHP).

**High Deductible Health Plan (HDHP)** – A health insurance plan with lower premiums and higher deductibles.

**Open Enrollment Period** – The period of time established by the City as the time when Participants and their Dependents may enroll for coverage. The Open Enrollment Period occurs at least once every Plan Year.

**Out-of-Pocket Maximum** – To protect you and your family from catastrophic medical expenses, all plans have limits on how much you pay out of your pocket for most covered medical services in a year. This is called an out-of-pocket maximum. Once the coinsurance amounts and copays you pay for covered expenses (including prescriptions) reach the individual/family out-of-pocket maximum, the plans will cover 100% of the remaining covered expenses you or your family incurs for that plan year. There are separate out-of-pocket maximums for in-network and out-of-network benefits in the PPO plans.

**Plan Year** – The 12 month period beginning at 12:01 a.m. on July 1 and ending at 11:59 p.m. on June 30.

**Preferred Provider Organization (PPO)** – A network of medical providers or groups of medical care providers who have entered into a written agreement with an insurer to provide health insurance to participants. The PPO and EPO share the same network. The PPO has out-of-network benefits. Participants can save money by taking advantage of the discounted rates and richer benefits with in-network providers.

**Pre-Tax Deductions** – The deductions taken from your paycheck for the benefits you select before federal, state and FICA taxes are calculated. Therefore, your taxable income is lower and you pay fewer income taxes.

**Prior Authorization** – Before a plan participant enters a medical care facility on a non-emergency basis or receives other listed medical services, the Utilization Review Administrator will, in conjunction with the attending physician, certify the care as appropriate for Plan reimbursement. A non-emergency stay in a medical care facility is one that can be scheduled in advance.

## Medical/Prescription Plan Options

Effective July 01, 2016 the City of Avondale will offer three medical plan options:

- High Deductible Health Plan (HDHP) Base Plan
- Preferred Provider Organization (PPO) - \$500 Deductible
- Exclusive Provider Organization (EPO) Plan - \$250 Deductible

All Plans utilize the BlueCross BlueShield of Arizona (BCBSAZ) network. BCBSAZ offers one of the largest Arizona networks of physicians, specialists and hospitals. Please refer to [www.azblue.com/CHSNetwork](http://www.azblue.com/CHSNetwork) to see if your doctor, and/or facility is a “contracted” provider prior to your next appointment.

### HDHP Plan

The HDHP plan offers comprehensive medical coverage with the ability to receive care from any provider, both in and out-of-network. However, when you utilize an in-network provider, services provided are at negotiated rates and out of pocket expenses will be less than those out-of-network. With the HDHP plan you are responsible for paying all medical costs up to your deductible prior to the plan helping with any associated costs. Employees that choose the HDHP can enroll in the HSA plan.

### PPO Plan

With the PPO Plan you have the ability to receive care from any provider as the plan provides in- and out-of-network comprehensive medical coverage. However, when you utilize an in-network provider, services provided are at negotiated rates and out of pocket expenses will be less than those out-of-network. Employees that choose the PPO can enroll in the FSA plan.

### EPO Plan

Like the PPO plan, the EPO plan provides comprehensive medical coverage, however, this plan is an in-network only option and when services are rendered outside of the network, you will be responsible for the entire bill, as the plan will not pick up any of the cost except in a life-threatening emergency. Employees that choose the EPO can enroll in the FSA plan.

## Medical/Rx Plan Comparison – July 01, 2016 through June 30, 2017

	HDHP		PPO		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
<b>Plan Year Deductible</b>					
Single	\$2,600	\$5,000	\$500	\$1,000	\$250
Family	\$5,200	\$10,000	\$1,000	\$2,000	\$500
<b>Plan Year Out-of-Pocket Maximum<sup>1</sup></b>					
Single	\$2,600	\$10,000	\$3,000	\$5,000	\$2,500
Family	\$5,200	\$20,000	\$6,000	\$10,000	\$5,000
<b>Allergy Serums and Injections</b> If received during an office visit when a Physician is seen, the paid under the office visit benefit.	0%*	50%*	\$0 Copay	50%*	\$0 Copay
<b>Allergy Testing and Treatment</b>	0%*	50%*	20%*	50%*	10%*
<b>Ambulance Services</b>	0%*	50%*	20%*	20%*	10%*
<b>Chemotherapy (Outpatient)</b>	0%*	50%*	20%*	50%*	10%*
<b>Chiropractic Care/Spinal Manipulation</b> Plan Year Maximum Benefit	0%*	50%*	\$20 Copay	50%*	\$15 Copay
		30 Visits		30 Visits	30 Visits
<b>Diagnostic Testing, X-Ray and Lab Services</b>					
Free Standing Laboratory Facility	0%*	50%*	0%	50%*	0%
Free Standing Radiology Facility	0%*	50%*	20%*	50%*	10%*
All Other Location (except office visit)	0%*	50%*	20%*	50%*	10%*
<b>Durable Medical Equipment (DME)</b>	0%*	50%*	20%*	50%*	10%*
<b>Emergency Room</b>	0%*	50%*	\$250 Copay plus 20%* Copoly Waived if Admitted		\$50 Copay plus 10%* Copoly Waived if Admitted
<b>Home Health Care</b> Plan Year Maximum Benefit	0%*	50%*	20%*	50%*	10%*
		60 Visits		60 Visits	
<b>Hospice Care</b> Lifetime Maximum Benefit	0%*	50%*	20%*	50%*	10%*
		6 Months		6 Months	6 Months
<b>Hospital Expenses or Long-Term Acute Care</b> Facility/Hospital (facility charges)					
Inpatient/Outpatient	0%*	50%*	20%*	50%*	10%*
<b>Maternity</b>					
First Visit to Confirm Pregnancy					
Primary Care Physician	0%*	50%*	\$20 Copay	50%*	\$15 Copay
Specialist	0%*	50%*	\$40 Copay	50%*	\$30 Copay
Prenatal and Postnatal Care	0%*	50%*	20%*	50%*	10%*
Delivery Charges	0%*	50%*	20%*	50%*	10%*

<sup>1</sup> Please note that there is a separate maximum out-of-pocket limit for prescriptions

	HDHP		PPO		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
<b>Mental Health and Substance Abuse Disorders</b>					
Inpatient	0%*	50%*	20%*	50%*	10%*
Outpatient	0%*	50%*	\$20 Copay	50%*	\$15 Copay
<b>Outpatient Therapies</b> (e.g., physical, speech, occupational)	0%*	50%*	20%*	50%*	10%*
Plan Year Maximum Benefit	20 Visits		20 Visits		20 Visits
<b>Physician's Services</b>					
Office Visits					
Primary Care Physician	0%*	50%*	\$20 Copay	50%*	\$15 Copay
Specialist	0%*	50%*	\$40 Copay	50%*	\$30 Copay
Physician Office Surgery					
Primary Care Physician					
Surgery Costing under \$500	0%*	50%*	\$20 Copay	50%*	\$15 Copay
Surgery Costing \$500 or more	0%*	50%*	20%*	50%*	10%*
Specialist					
Surgery Costing under \$500	0%*	50%*	\$40 Copay	50%*	\$30 Copay
Surgery Costing \$500 or More	0%*	50%*	20%*	50%*	10%*
<b>Preventive Services and Routine Care</b>					
Preventive Services per Health Care Reform (PPACA) (Includes the office visit and any other eligible item or service billed and received at the same time as any preventive service)	0%; Deductible Waived	Not Covered	\$0 Copay	Not Covered	\$0 Copay
Preventive Care Not Covered Under the Preventive Services Benefit per Health Care Reform (PPACA)	0%; Deductible Waived	Not Covered	\$0 Copay	Not Covered	\$0 Copay
Plan Year Maximum Benefit	\$500		\$500		\$500
<b>Radiation Therapy (Outpatient)</b>	0%*	50%*	20%*	50%*	10%*
<b>Skilled Nursing Facility and Rehabilitation Facility</b>	0%*	50%*	20%*	50%*	10%*
Plan Year Maximum Benefit	60 Days		60 Days		60 Days
<b>Urgent Care Facility</b>	0%*	50%*	\$50 Copay	50%*	\$50 Copay
*Copay applies per visit regardless of what services are rendered.					
<b>All Other Eligible Medical Expenses</b>	0%*	50%*	20%*	50%*	20%*

\*Applies after deductible

## Prescription Drug Program

When you elect medical coverage, you are automatically enrolled to receive prescription drug benefits. Pharmacy network services are provided by Navitus Health Solutions.



### Retail Program

You have access to a large national network of retail pharmacies where you can have your prescriptions filled for a 30-day supply of medication. The amount you will be required to pay for the cost of your medication will depend upon the level/tier the prescription falls under. You can locate participating pharmacies and check the prescription level/tier anytime at [www.navitus.com](http://www.navitus.com).

### 90 Day Retail Program

Many members require maintenance medications for conditions such as diabetes, high blood pressure, asthma, etc. For these members, Navitus contracts with a robust network of pharmacies that offer up to a 90-day supply of maintenance medications at a discounted copayment.

### Mail Order Program

Navitus also offers members a mail order program for filling maintenance medications. Members are able to receive a 90-day supply of medications mailed to their home for a reduced copayment.

### Vaccination Program

Navitus has partnered with pharmacies to provide immunizations for members. At participating pharmacies, your copay for vaccines will be \$0; available vaccines include: Influenza, Pneumonia, Tetanus/Diphtheria, Hepatitis A, Hepatitis B, Meningitis, Shingles, MMR, HPV, Pertussis and Varicella. To see if your pharmacy is participating, contact Navitus Customer Care at 866.333.2757.

### Prescription Schedule:

	HDHP	EPO & PPO		
	No Charge After Deductible is Met (Except for Certain Preventive Medications)	Preferred	Non Preferred	Non Contracted
30-Day Supply				
Tier 1		\$10	\$15	You Pay the NonPreferred Copay + the Difference Between the Contracted and Non Contracted Pharmacy Cost
Tier 2		\$30	\$35	
Tier 3		\$50	\$55	
Specialty		20% Up to \$200	N/A	
90-Day Supply				
Tier 1		\$25	\$30	
Tier 2		\$75	\$80	
Tier 3		\$125	\$130	
Out-of-Pocket Maximum <sup>1</sup>	\$2,600 / \$5,200 (Combined w/ Medical)	EPO \$4,100 / \$8,200 PPO \$3,600 / \$7,200		

<sup>1</sup> All of your prescription costs, including co-payments, will accumulate toward this out-of-pocket maximum. It reflects the most you will pay out-of-pocket for prescriptions in a plan year.

## Dental Benefits



The City of Avondale will continue to offer dental benefits with a maximum benefit of \$2,000. The Dental plan utilizes the Delta Dental of Arizona network; Delta also processes claims.

Benefits		
Individual Deductible per Calendar Year	\$50	
Family Deductible Per Calendar Year	\$150	
Percentage Payable	PPO/Premier Dentist	Out-of-Network
Routine/Preventive Care	100%	80%
Basic Services		
Fillings	80%*	60%*
Endodontics	80%*	60%*
Periodontics	80%*	60%*
Oral Surgery	80%*	60%*
Major Services		
Crowns/Onlays	50%*	40%*
Prosthodontic/Prosthetics	50%*	40%*
Implants	50%*	40%*
Orthodontics (Children & Adults)	50%	50%
Dental Benefit Maximums		
Maximum Payable per Calendar Year	\$2,000 per person	
Lifetime Orthodontic Benefit	\$2,000 per person	

\*Subject to Deductible

## Vision Benefits

Effective July 01, 2016 AzMT will move its Vision to VSP. VSP provides coverage for vision examinations, lenses/frames and/or contacts once every 12 months for set copayments or at discounted pricing.



Benefits	
Copay Eye Exam	\$10
Copay Contact Lens Exam	\$60 (Max)
Copay Prescription Glasses (Frames & Lenses)	\$20
Frame Allowance	\$150 \$170 for Featured Frame Brands 20% Savings on Amounts Over Allowance \$80 Costco Frame Allowance
Lenses	Single Vision, Lined Bifocal and Lined Trifocal Polycarbonate for Dependent Children

Lens Enhancements	Standard Progressive Lenses - \$55 Premium Progressive Lenses - \$95 - \$105 Custom Progressive Lenses - \$150 - \$175
Contact Lenses (In Lieu of Lenses/Frames) per Year	\$150 Allowance

Please see the VSP Benefit Summary for detailed benefit information.

## City Paid Benefits

In addition to the Medical/Rx coverage, benefit eligible employees will also receive the following benefits below with the City covering 100% of the cost.

### Wellness Program

The primary goal of the wellness program is a healthier employee and dependent population with corresponding management of medical and prescription claim costs. Early Detection, Lifestyle Modification and Disease Management are the types of programs offered through the AzMT L.I.V.E. wellness program. On-site screenings and other programs will be available throughout the year for your convenience.

Participation is key to a successful wellness program and the key to a better quality of life for those who participate. Take the time to check out the programs being offered to you and your dependents as AzMT participants. It is good for your health!

### Employee Assistance Program

You have access to the Employee Assistance Program (EAP) through Alliance Work Partners. Under the EAP, you and your household members can speak with a counselor who can help with an assortment of life's matters, such as:

- Job Performance
- Marital Difficulties
- Family Issues
- Communication Skills
- Managing Depression and Anxiety
- Alcohol/Substance Abuse
- Child and Elder Care Resources
- Parenting Support
- Anger Management
- Legal and Financial Issues
- Grief and Bereavement
- Smoking Cessation
- Weight Loss
- Time Management
- Stress Management
- Personal Concerns
- Career Management
- Self-Improvement Plans

Professional help through your EAP is available for many other types of problems that may affect your quality of life. To speak with a counselor, or to arrange an appointment call 800.343.3822 or go to [www.awpnow.com](http://www.awpnow.com).

## Basic Life Insurance and Accidental Death & Dismemberment Insurance

Basic Life insurance is provided through Securian helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance provides an additional amount in the event of a covered death or dismemberment as a result of an accident. Life insurance is underwritten by Minnesota Life Insurance Company.

Your Basic Life coverage amount is two (2) times your annual earnings to a maximum of \$200,000. For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount.

Basic Life and AD&D coverage amount reduces by 50% at the age of 75.

### Basic Life Insurance

You may elect to purchase Basic Life/AD&D in the amount of \$5,000 of coverage for your eligible spouse and \$2,500 of coverage for eligible child(ren).

#### Other Basic Life Features and Services

- Accelerated Benefit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Travel Assistance
- Waiver of Premium

#### Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

## Voluntary Benefits

The following benefits are available to you and your eligible spouse through payroll deduction:

### Voluntary Life

Employees may elect increments of \$10,000 up to the lesser of 6 times your annual salary or \$500,000. This does NOT include Basic Life.

Spouses can request increments of \$5,000 up to a maximum of \$250,000. Spouse coverage cannot exceed 100% of Employee combined Basic and Supplemental Life.

Child(ren) coverage can be elected in increments of \$2,500 up to a maximum of \$10,000 and cannot exceed 100% of Employee combined Basic and Supplemental Life. The plan covers children up to age 26.

If you are an existing employee (not hired within the last 31 days), you have an annual open enrollment opportunity to increase your Supplemental Life by \$10,000 without providing Evidence of Insurability (Eol) as long as your current coverage does not exceed the Guaranteed Issue (GI) amount of \$150,000.

Should you wish to apply for Supplemental Life in excess of \$10,000 or which exceeds the GI limit, you must submit your medical information by completing the Evidence of Insurance form available in your Securian Welcome Kit and/or from Human Resources.

Rates for Employee and Spouse Supplemental Life are per \$1,000 of coverage:

	Employee	Spouse
<30	\$0.060	\$0.049
30-34	\$0.072	\$0.050
35-39	\$0.095	\$0.066
40-44	\$0.133	\$0.093
45-49	\$0.201	\$0.141
50-54	\$0.307	\$0.214
55-59	\$0.496	\$0.356
60-64	\$0.658	\$0.538
65-69	\$1.118	\$0.914
70-74	\$1.987	\$1.624
75*	\$7.532	\$6.158

\*If you need rates for Age 76+, please see Human Resources.

Rates for Child(ren) are \$0.13 per \$1,000 of coverage. Monthly premiums per increment are:

\$2,500	\$0.33
\$5,000	\$0.65
\$7,500	\$0.98
\$10,000	\$1.30

### **Voluntary Accidental Death & Dismemberment (VAD&D)**

If you are an active employee, you may elect Voluntary AD&D in \$10,000 increments up to a maximum of \$500,000. For your spouse and dependent children you can elect:

- Spouse only – 50% of employee's VAD&D coverage amount;
- Child(ren) only – 15% of employee's VAD&D coverage amount; or
- Spouse and Child(ren) – 40% of employee's VAD&D coverage amount for the spouse and 10% of the employee's VAD&D coverage amount for each child.

VAD&D Employee Only rates are \$0.03 per \$1,000 of coverage and \$0.045 per \$1,000 of coverage for Employee plus Spouse and/or Child(ren).

## IRS 125 Cafeteria Plan – Flexible Spending Accounts (FSA)



The City offers you the opportunity to participate in a flexible spending account (FSA) plan which is administered by Sheakley. The two options available to you include:

1. **Healthcare Flexible Spending Account (HCFSA)** – Employees may elect to participate in this account which is a cost-effective way to pay for predictable, eligible health care expenses that comply with the rules defined by the IRS. Such expenses typically are items not covered by insurance, such as co-payments for doctor visits and prescriptions. By paying for these expenses through an FSA, pre-tax, your taxable income is reduced. The maximum medical reimbursement amount allowable in FY16-17 is \$2,500. The minimum contribution is \$120 per year.
2. **Dependent Care Flexible Spending Account (DCFSA)** – Employees may also elect to participate in the dependent day care account which allows them to pay for dependent care expenses with tax-free dollars for eligible dependents. Maximum amount in FY16-17 is \$5,000. The minimum contribution is \$120 per year.

As with other benefit plans, the FSA plan year is July 1 through June 30. However, the City of Avondale allows a grace period through September 30 of each year to spend any remaining funds from the prior year. All claims must be submitted for reimbursement no later than September 30 each year.

**YOU MUST RE-ENROLL IN THE HCFSA and DCFSA OPTIONS EACH YEAR BY COMPLETING THE SECTION 125 ENROLLMENT FORM AVAILABLE FROM HUMAN RESOURCES.**

**Please note:** FSA's have a use-it-or lose-it rule. This means that if you have any funds in excess of \$500 left in your FSA at the end of the plan year you will lose them.

## Health Savings Account (HSA) – Health Equity

A Health Savings Account (HSA) is a tax-free savings account that is available only with the HDHP medical plan. The HSA is different from an FSA because the money deposited into the HSA belongs to you and you don't lose it if you don't spend it. Also, money in the HSA is not funded up front; it is only available as deposits are made into the account. You can use your HSA to pay for your insurance deductible and qualified out-of-pocket medical, dental, and vision expenses for you and your dependents.

Your contributions to your HSA are deducted from your paycheck in 26 equal increments over the plan year on a pre-tax basis and contributions are available for use when deposited to your account. If a balance remains in your HSA at the plan year's end, the funds roll over for use during the next plan year. In addition, you accumulate tax-free interest on your HSA funds. Thus, you can use your account to save for care you may need in the future.

Employee who selects the HDHP medical plan can enroll in the HSA. The HSA is not available for those who select the EPO or PPO plans.

*Please Note: The IRS limits the total amount that can be contributed to an HSA on an annual basis.  
In 2016, those limits are:  
Employee: \$3,350  
Family: \$6,750  
(If you are 55 or older, you can also make a \$1,000 catch-up contribution)*



## Disability Benefits

Disability insurance provides loss of income protection to employees in the event of a long-term injury or illness. The City offers a Short Term Disability for all full-time eligible employees.

Long Term Disability is mandatory for employees enrolled in the Arizona State Retirement Plan with the exception of Sworn Police, Fire and Detention Officers who receive their disability benefits through the Fire, Corp & Police Pension Association.

## Important Information

### **Who is Eligible?**

All active regular employees and elected officials in accordance with the established policy of the City of Avondale are eligible for benefits provided they work at least thirty (30) hours per week on a regular basis and perform all of the duties of their employment. Eligible dependents include:

- Your legal spouse under a legally valid existing marriage.
- Dependent child(ren) to age 26 for medical (regardless of student, marital status or coverage through their employer) and 19 (or 24 if a full time student) for dental and vision – including step-child(ren), foster child(ren), adopted child(ren), or child(ren) placed with the employee for adoption. When the child reaches the applicable limiting age, coverage will end on the last day of the child's birthday month.
- Domestic Partner who is the same or opposite sex as the eligible employee and who has shared a long-term committed domestic partner relationship with the eligible employee for a minimum of the last twelve (12) months. (Medical benefit only available)
- Child(ren) of a domestic partner, including natural child(ren), legally adopted child(ren), child(ren) placed for adoption, child(ren) under legal guardianship substantiated by a court order and child(ren) who are entitled to coverage under a Medical Child Support Order.
- Dependent child(ren) over the age of 26 for medical, or 19 (or 24 if a full time student) for dental and vision, who are considered disabled.

Please refer to the Summary Plan Document for a complete list of eligible/ineligible dependents and eligibility requirements.

### **When does benefit coverage end?**

Coverage ends the last day of the month in which you are no longer an eligible employee. Following your termination, the COBRA Administrator (AmeriBen) will send you information regarding your rights to continue insurance coverage.

You are also responsible for notifying Human Resources within 31 calendar days when a dependent is no longer an eligible dependent, e.g. child's dependent status due to age, etc.

### **What changes can I make during the plan year?**

Generally, benefit elections made during Open Enrollment or when newly eligible are irrevocable during the plan year. However, when you have a qualified status change, you are permitted to make changes. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

### **When are qualified status changes effective?**

Status changes are effective the first day of the following month after submission of the request. The exception is employees adding a new dependent when the change becomes effective on the date of the event (date of birth, date of adoption, etc.) after submission of the request. Status changes may require a retroactive premium.

### **Is my deductibles plan year or calendar year?**

All of the insurance plans offered through AzMT renew each fiscal year (plan year July-June) which means that all deductibles and out of pocket maximums are based on a July to June timeframe.

### **Who do I call with questions about payment of my claims?**

#### *Medical*

Contact AmeriBen at 855-350-8699 regarding the status of a claim. You can also sign on to <https://www.myameriben.com> to obtain information about your claim. Please refer to your summary plan document/benefit booklet for information regarding claim appeal procedures.

#### *Dental*

Contact Delta Dental at 800-352-6132 or at [www.deltadentalaz.com](http://www.deltadentalaz.com) for questions about claims or to locate a network provider.

#### *Vision*

Contact VSP at 800-877-7195 or at [www.vsp.com](http://www.vsp.com) for questions about claims or to find a network provider.

## **Remember**

Open Enrollment closes promptly on May 12, 2016. Changes in your benefit elections will not be accepted after that date. This is a reference guide only; please refer to your Benefit Summary and/or Summary Plan Document for more detailed coverage information.

## Contact Information

Benefit	Phone Number	Information	Website
Medical - AmeriBen IEC/Group	855.350.8699	Medical claims, coverage questions, and eligibility.	<a href="http://www.myameriben.com">www.myameriben.com</a>
Prescriptions – Navitus Health Solutions	866.333.2757	Prescription claims, coverage questions, and ID cards.	<a href="http://www.navitus.com">www.navitus.com</a>
Utilization Review– American Health Group	800.847.7605	Precertification for medical necessity and Case Management	N/A
Life and AD&D – Securian*	800.392.7295	Basic Life, Voluntary Life, AD&D and VAD&D benefits	<a href="http://www.ochinc.com">www.ochinc.com</a>
EAP – Alliance Work Partners	800.343.3822	Confidential Counseling for life's matters.	<a href="http://www.awpnow.com">www.awpnow.com</a>
Dental – Delta Dental of Arizona	800.352.6132	Dental claims, coverage questions, and eligibility.	<a href="http://www.deltadentalaz.com">www.deltadentalaz.com</a>
Vision – VSP	800.877.7195	Vision claims, customer service, and eligibility.	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Account – Sheakley	800.877.2053	Account balance, covered expenses, reimbursed forms on-line claims submission.	<a href="http://www.sheakley.com">www.sheakley.com</a>
Health Savings Account – Health Equity	866.346.5800	Account balance, covered expenses and reimbursement forms.	<a href="http://www.healtequity.com">www.healtequity.com</a>
Avondale Human Resources	623-333-2200	Questions/Forms	<a href="https://avondaleaz.sharepoint.com/sites/ACES/SitePages/Home.aspx">https://avondaleaz.sharepoint.com/sites/ACES/SitePages/Home.aspx</a>

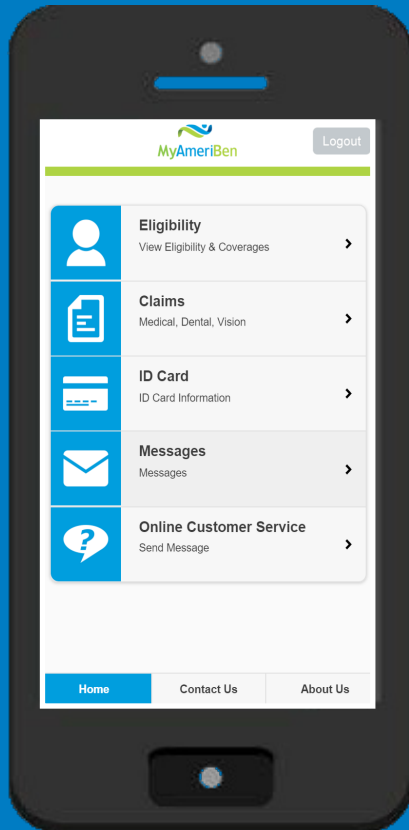
\*The Life plan is administered by Ochs, Inc.



# MyAmeriBen Mobile

Available on the  
**App Store**

GET IT ON  
**Google play**



- **Open up App Store or Google Play on your smart phone**
- **Search for Ameriben**
- **Download the Ameriben app**
- **Accept Terms of Agreement**
- **Create an account if you do not already have one**
- **Mobile Access to Your Claims & Eligibility Information**
- **Electronic ID Cards are available to members**
- **iOS and Android compatible**



Integrated eligibility and claims data means your members always have the most up-to-date information.



ID Cards are now available electronically. Members can e-mail their electronic ID card directly to providers.



Create an account either online or on-the-go. Members can access their account using the same credentials on their PC and mobile devices.



Use your smart phone's camera to instantly upload images of your relevant claims documents.




Client specific toll-free phone numbers and communication information will be available at members' fingertips.



Questions? Use the convenient "Express Request" to send inquiries to our Online Support Specialists.

# ARIZONA METROPOLITAN TRUST (AzMT) AVONDALE

## BENEFIT ENROLLMENT/CHANGE FORM

		<b>EMPLOYMENT STATUS</b> Active Employee   Elected Official   COBRA		<b>EFFECTIVE DATE OF COVERAGE/CHANGE</b>	
<b>SOC. SEC. #</b>		<b>EMPLOYEE'S LAST NAME</b>		<b>FIRST NAME</b>	
<b>MIDDLE INITIAL</b>		<b>MAILING ADDRESS</b>		<b>CITY</b>	
<b>STATE</b>		<b>ZIP CODE</b>		<b>HOME PHONE NUMBER</b>	
<b>MARITAL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		<b>GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>DATE OF BIRTH</b> <small>MONTH DAY YEAR</small>	
<b>DATE OF FULL TIME HIRE</b> <small>MONTH DAY YEAR</small>		<b>HOURS WORKED PER WEEK (ACTIVE EMPLOYEES ONLY)</b>			
<b>COVERAGE OPTIONS</b>					
<b>MEDICAL - EPO</b> <i>(Dependent children are eligible up to age 26*)</i>		Employee   Emp + Family   Waive Coverage**			
<b>MEDICAL – PPO</b> <i>(Dependent children are eligible up to age 26*)</i>		Employee   Emp + Family   Waive Coverage**			
<b>MEDICAL – HDHP</b> <i>(Dependent children are eligible up to age 26*)</i>		Employee   Emp + Family   Waive Coverage**			
<b>ENROLL IN HSA?</b> <input type="checkbox"/> Yes   No (If yes, please complete separate forms available from Human Resources)					
<b>DENTAL</b> <i>(Dependent children are eligible up to age 19 or 24 if a full time student)</i>		Employee   Emp + Spouse <input type="checkbox"/> Emp + Child(ren)   Emp + Family   Waive Coverage			
<b>VISION</b> <i>(Dependent children are eligible up to age 19 or 24 if a full time student)</i>		Employee   Emp + Spouse <input type="checkbox"/> Emp + Child(ren)   Emp + Family   Waive Coverage			
<i>*NOTE: Eligible children include natural, step, adopted, or children for which you have legal guardianship. Please refer to your current Summary Plan Document for full eligibility requirements.</i>					
<b>**Employees waiving coverage must complete the Waiver of Coverage located on Page 3 of this Benefit Enrollment/Change Form</b>					

### IMPORTANT: YOU MUST FULLY COMPLETE THE FOLLOWING IF SPOUSE/DOMESTIC PARTNER AND/OR DEPENDENT COVERAGE IS BEING REQUESTED

ADD	DEL	NAME	DATE OF BIRTH	SOCIAL SECURITY # (REQUIRED)	RELATION	PLAN
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision

**OTHER INSURANCE INFORMATION**

Do you or your dependents currently have other:  
 Medical Insurance? ☐ Yes ☐ No

If Yes, give name of policyholder, name of insured, insured date of birth, insurance company and, if applicable start date of coverage.

If anyone is currently on Medicare please provide the following:

ID Number \_\_\_\_\_  
 Part A Effective Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Part B Effective Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Part D Effective Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**AUTHORIZATION AND SIGNATURE**

The group benefits available through the group policy of my employer have been explained to me and I understand the scope of the benefits. I hereby apply for benefits to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the policyholder. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this benefit.

The information provided above is correct to the best of my knowledge. I certify under penalty of perjury that the dependents listed on this form fully meet the listed definition of eligibility. I will provide, if requested, documentation regarding my relationship (birth certificate, adoption certificate, etc.) to any dependent and his/her age. I will notify my employer within 31 days of a change in my listed dependents eligibility for employer-provided health benefits. I understand that if I do not enroll myself or my dependents, I must read and sign the waiver portion of this form.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY HUMAN RESOURCES ONLY**

☐ New Employee/Rehire

Hire/Rehire Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Effective Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

☐ Add/Delete Dependents

Effective Date of Change \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Qualifying Event: ☐ Marriage ☐ Divorce ☐ Birth ☐ Adoption ☐ Termination of Employment

☐ Termination of Insurance

Termination Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

☐ Loss of Dependent Status ☐ Death of Employee ☐ Other

Date of Qualifying Event \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

☐ Open Enrollment

☐ Name/Address Change

HR Dept. Initials \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**WAIVER OF COVERAGE (COMPLETE AND SIGN THIS SECTION IF YOU ARE WAIVING COVERAGE)**

☐ Medical/Rx benefits are being waived for (Name) \_\_\_\_\_ for the following reason(s): \_\_\_\_\_

☐ Medical/Rx benefits are being waived for (Name) \_\_\_\_\_ for the following reason(s): \_\_\_\_\_

☐ Medical/Rx benefits are being waived for (Name) \_\_\_\_\_ for the following reason(s): \_\_\_\_\_

Other Coverage \_\_\_\_\_

Name of Spouse's Group Plan/Employer \_\_\_\_\_

- Group benefits available through the group policy of my employer have been explained to me and I understand the scope of the benefits.
- I waive coverage for myself and/or my dependents and elect not to participate.
- I understand that I am waiving this coverage even though my employer may be providing the coverage at little or no cost to me.
- I understand that by waiving enrollment because of other health insurance coverage, I may in the future be able to enroll in this plan, provided that I request enrollment within 31 days after other coverage ends. Please provide the other coverage when you or your dependents are enrolled elsewhere. In addition, I understand that if I have a new dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself or my dependents provided that I request enrollment within 31 days of the status change.
- I acknowledge by signing this form that all the information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**